

### Step 1: Basic Client Information

Please complete the following basic client information and note that all fields with an \* are required fields. This information is used to conduct an update or annual assessment for a client who is currently enrolled in a program.

Basic Client Information:\*

First Name: \* \_\_\_\_\_ Last Name: \* \_\_\_\_\_  
Middle Name: \_\_\_\_\_ Suffix: \_\_\_\_\_  
Birthdate: \* \_\_\_\_\_ Social Security Number: \* \_\_\_\_\_

### Step 2: Project Update/Annual Assessment

Complete the project update/annual assessment information and please note all fields with an \* are required fields. Complete additional forms for each household member to be updated or assessed.

Assessment Date: \* \_\_\_\_\_ Assessment Type: \*  
Case Assignment: \* \_\_\_\_\_  
☐ Entry ☐ During Program Enrollment  
☐ Exit ☐ Followup  
☐ Other: \_\_\_\_\_

**(ONLY REQUIRED FOR ESG-RRH PARTICIPANTS)**

In Permanent Housing: \* ☐ Yes ☐ No If Yes, Date of Move-In: \* \_\_\_\_\_

**(ONLY REQUIRED FOR PATH PARTICIPANTS):**

Date of PATH Engagement: \* \_\_\_\_\_ Reason Not Enrolled in PATH:  
Date of PATH Status Determined: \* \_\_\_\_\_ ☐ Client was found ineligible for PATH  
Client Became Enrolled in PATH: \* ☐ Yes ☐ No ☐ Client not enrolled for other reasons

Health Insurance: \*

- ☐ Yes ☐ No  
☐ Client Doesn't Know ☐ Client Refused  
☐ Data Not Collected

Type: \*

- ☐ Private – Employer ☐ Veteran's Administration Medical Services  
☐ Private – Individual ☐ Healthy Indiana Plan (HIP)  
☐ Public HIV/AIDS Medical Assistance ☐ Native American Health Service  
☐ AIDS Drug Assistance Program (ADAP) ☐ Other Public  
☐ Medicare ☐ Other \_\_\_\_\_  
☐ Medicaid

Status: \*

- ☐ Active ☐ No  
☐ Start Date: \_\_\_\_\_ ☐ Applied; decision pending ☐ Client Doesn't Know  
☐ End Date: \_\_\_\_\_ ☐ Applied; client not eligible ☐ Client Refused  
☐ Client did not apply ☐ Data Not Collected  
☐ Insurance type N/A for this client

HMIS Barriers Assessment:\*

<b><u>Barriers:*</u></b>	<b><u>Barrier Present?</u></b>	<b><u>Receiving Services/Treatment?</u></b>	<b><u>Condition Indefinite?</u></b>	<b><u>Documentation on File?</u></b>
Alcohol Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
Developmental Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
Drug Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
HIV/AIDS	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mental Health	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physical Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chronic Health Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No

If client reports "Alcohol Abuse, Drug Abuse and/or Mental Health" as present barriers, complete the following:

**How confirmed:**

- ☐ Unconfirmed; presumptive or self-report
- ☐ Confirmed through assessment and clinical evaluation
- ☐ Confirmed by prior evaluation or clinical records

**Serious Mental Illness (SMI):**

- ☐ No
- ☐ Unconfirmed; presumptive or self-report
- ☐ Confirmed through assessment and clinical evaluation
- ☐ Confirmed by prior evaluation or clinical records
- ☐ Client Doesn't Know
- ☐ Client Refused

Financial Assessment:\*    Cash Income: \*    ☐ Yes    ☐ No

- ☐ Earned Income \$ \_\_\_\_\_
- ☐ Self Employment \$ \_\_\_\_\_
- ☐ Unemployment Insurance \$ \_\_\_\_\_
- ☐ Worker's Compensation \$ \_\_\_\_\_
- ☐ Other Pension \$ \_\_\_\_\_
- ☐ Supplemental Security Income \$ \_\_\_\_\_
- ☐ Social Security Disability Income \$ \_\_\_\_\_
- ☐ Retirement (Social Security) \$ \_\_\_\_\_
- ☐ Veteran's Pension \$ \_\_\_\_\_
- ☐ VA Service-Connected Disability \$ \_\_\_\_\_
- ☐ VA NonService-Connected Disability \$ \_\_\_\_\_
- ☐ TANF \$ \_\_\_\_\_
- ☐ Child Support \$ \_\_\_\_\_
- ☐ Other Income \$ \_\_\_\_\_

Non Cash Benefits: \*    ☐ Yes    ☐ No

- ☐ Food Stamps/Money for Food on Benefits Card \$ \_\_\_\_\_
- ☐ Special Supplemental Nutrition Program (WIC)
- ☐ TANF Child Care Services
- ☐ Other TANF Funded Services
- ☐ Section 8, Public Housing, Other Rental Asst. \$ \_\_\_\_\_
- ☐ Temporary Rental Assistance (RRH) \$ \_\_\_\_\_
- ☐ Other Source